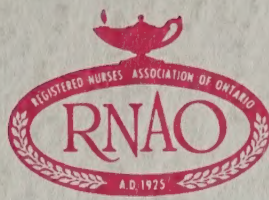


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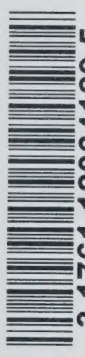
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SCIENCE & MEDICINE DEPT.

# Registered Nurses Association of Ontario

*Toronto, Canada*



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SUBMISSION  
TO  
THE ROYAL COMMISSION  
ON  
HEALTH SERVICES

*May 1962*







SUPPLEMENTARY INFORMATION

TO

BRIEF TO THE ROYAL COMMISSION ON HEALTH SERVICES

PRESENTED BY

REGISTERED NURSES' ASSOCIATION OF ONTARIO

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During presentation of its brief to the Royal Commission on Health Services the Registered Nurses' Association of Ontario was asked to submit additional information with regard to recommendations Nos. 1 and 7 contained in the brief. We are pleased to comply with this request.

Recommendation 1:

"That complete health care be made available to all Canadians regardless of their financial condition".

It is our belief that, in the province of Ontario, there should be a system of prepayment for comprehensive health care on a voluntary basis with subsidy for those who are unable to carry the necessary insurance. Any proposed alternative would need study by the Association before an adequate opinion could be reached.

Recommendation 7:

"That bursaries be made available in sufficient amounts to remove financial impediment for suitable candidates in:

(a) basic nursing courses

(b) postgraduate studies in university".

It has been estimated that approximately 25% of students in basic nursing programs will require bursary assistance.

With the expectation that a realistic fee for tuition be charged and that students will pay for their own maintenance, it is considered that a bursary should provide \$1,000.00 yearly.

An initial enrolment of 3,000 students in 1963 would require:

750 students x \$1,000., or \$750,000.

This would increase by a similar amount for each year of the course dependent upon the number of students enrolled and the length of course.

For graduate students taking advanced study it is considered that bursaries in the amount of \$3,000.00 should be available. The total yearly amount required for this group is estimated at:

20 students x \$3,000., or \$60,000.

It is our belief that bursary awards should be made on the basis of scholarship and need.

We would request that income tax exemption be made for all scholarships and bursaries.

September, 1962.






THE ROYAL COMMISSION ON HEALTH SERVICES

PRESENTED BY

THE REGISTERED NURSES' ASSOCIATION OF ONTARIO

TORONTO



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## INTRODUCTION

This brief has been prepared by a committee of Association members representing administration in nursing services and education in university and hospital schools, and has been approved by the Executive Committee.

In its preparation we reviewed the beliefs which the Association has held in relation to the provision of nursing service and education and attempted to identify the future contribution which nurses will need to make in health care as envisaged in the terms of reference of the Commission's enquiry. The recommendations contained in the brief reflect measures which we believe to be necessary to the attainment of this goal.

The Association welcomes the opportunity to present its brief to the Royal Commission on Health Services and wishes to express thanks to members who have sent in suggestions for inclusion and to all those, members and others, who have assisted by providing statistical and other supporting material which has been used in its preparation.

Registered Nurses' Association of Ontario,  
33 Price Street,  
Toronto 5.

April 16, 1962.

Represented by: Mrs. M. Blanche Duncanson,  
1st Vice-President, RNAO.

Miss Ella M. Howard,  
President, RNAO.

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## TABLE OF CONTENTS

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	<u>Page</u>
Introduction	--
Summary and Recommendations	i
The Registered Nurses' Association of Ontario	1
Beliefs of the Association Regarding Health Care	4
Legislation	5
Education	7
Service	13
Research	17
Economic Security of Nurses	18

### APPENDICES

I	Services provided for members by the Registered Nurses' Association of Ontario	19
II	Standing committees of the Association	21
III	Organizations with representation from the Registered Nurses' Association of Ontario	22
IV	Table I - Enrolment in schools of nursing, Ontario 1952-1961  Table II- Estimated future enrolment in schools of nursing, Ontario 1962-	23
V	Classification of schools of nursing according to size of school	24
VI	Educational standard of students entering schools of nursing in 1961	25
VII	Intake to schools of nursing and teachers' colleges, 1950-1959	26
VIII	Enrolment in six university schools of nursing, Ontario, 1952-1961	27
IX	Qualifications of teaching staff, schools of nursing, Ontario, 1961	28
X	Basic Nursing Programs	29
XI	Maintenance costs	30
XII	Certified nursing assistant programs, Ontario	31
XIII	Registered nurses in Ontario, 1952-1961  Map - RNAO Districts	32







	<u>Page</u>
XIV    Ratio of registered nurses to population by Districts in Ontario, 1961	33
XV     Nurses employed in administrative and supervisory positions in Ontario, 1961	34
XVI    Relationship between nursing salaries and income of general labour force, 1939-1960	35
XVII   Members, Committee to Prepare The Brief for the Royal Commission	36







## SUMMARY

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1. The Association concurs in the belief that health services of the highest quality should be available to all Canadians according to their need and is hopeful that nurses may fulfill their part in providing these services.
2. We accept the assumption that the role of nurses will continue to evolve with scientific and social change and believe that nursing must participate to a greater extent in health planning and the development and co-ordination of nursing services within these plans.
3. We believe it to be in the public interest to license all who practise nursing for a fee or other remuneration.
4. We propose that nursing care should be given by two categories of nurses, one of which is a graduate of a university school and the other a graduate of a diploma school which is conducted within the framework of general education with the hospital and other health agencies continuing to provide clinical facilities for the students of both programs. Until a suitable diploma program may be established the present hospital schools of nursing and training programs for nursing assistants must continue, but improvement in the hospital schools is possible if control of the school is separated from that of the hospital.
5. We consider that it will be necessary to increase the number of university graduates and that educational programs should be further developed to meet the need of graduate nurses for advanced study. Increased bursary assistance will be required for all programs of nursing education if





a sufficient number of nurses is to be available.

6. We are concerned about the many reported shortages of nurses and believe that measures can be taken to narrow the gap between the demand for and the supply of nursing service. These measures include increased recruitment of students, improved education and equitable returns for service. Another source of available nursing service may be had through the transfer of many housekeeping, clerical, dietary and other duties from nursing to their appropriate departments.
7. Good administrative practices and skilled nursing are encouraged through additional study and experience and inservice educational programs. It will be necessary to increase research in nursing, particularly in relation to nursing care. In the interest of maintaining a high quality of nursing in an expanding health program, this is an urgent need.
8. We are concerned with the welfare of our members. We are also concerned with the provision of a sufficient supply of nurses and a high quality of nursing care. To meet these requirements we believe that changes in policies including salaries are necessary.





## RECOMMENDATIONS

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1. That complete health care be made available to all Canadians regardless of their financial condition.
2. That provision be made to require licensing for all who practise nursing for a fee or other remuneration.
3. That the nursing profession be given statutory responsibility for the development and implementation of regulations governing the education and practice of nursing.
4. That the preparation of the professional nurse be the responsibility of the universities.
5. (a) That the preparation of the nurse in a diploma program be conducted within a general system of education.  
(b) That study be undertaken to determine the most suitable way this may be accomplished.
6. That additional courses, leading to the Master's and Doctor's degree be established in Ontario.
7. That bursaries be made available in sufficient amounts to remove financial impediment for suitable candidates in:
  - (a) basic nursing courses
  - (b) postgraduate studies in university.
8. That in the process of planning for health care there be representation from the public and from the medical, nursing and other professions contributing to health.
9. That a study of the utilization of nurses be undertaken by the Royal Commission on Health Services.





10. (a) That pending the study of utilization of nurses, health agencies review present policies with a view to improving utilization locally.
  - (b) That specialization in clinical nursing be encouraged at the graduate level.
  - (c) That inservice educational programs be a requisite for all staff in health agencies.
  11. That training programs and financial resources be made available for research.
  12. That the salary of the nurse reflect, more equitably, her preparation and the responsibility she is expected to assume.
  13. That the salary for general practitioners in nursing be expanded to provide sufficient remuneration for nurses with specialist qualifications in the area of direct care to patients.
- 

#### SUPPLEMENTARY SUBMISSION TO THE ROYAL COMMISSION ON HEALTH SERVICES

##### Re Recommendation No. 3

We submit that the intent of recommendation 3 has been achieved in part in Ontario by recent action of the Legislature. A Bill to establish a College of Nurses received final reading and assent on April 17, 1962. A new Act, "The Nurses Act 1961-62" is based on the principle that a profession determines its standards of education and practice. It provides for establishment of a statutory body, a College of Nurses, whose affairs will be administered by a council elected by and representing every member of the profession resident in Ontario. This Act now awaits proclamation.

In the Association's brief, reference has been made to the Nurses Registration Act which has been administered by the Association since 1951. This Act and accompanying regulations will no longer be in effect with the proclamation of the new Nurses Act.





## THE REGISTERED NURSES' ASSOCIATION OF ONTARIO

1. The Registered Nurses' Association of Ontario originated in the Graduate Nurses' Association organized in 1904 and was incorporated by Letters Patent under The Companies Act on December 4, 1925. An Act respecting the Registration of Nurses was passed by the Legislature in 1922. The present Act was passed in 1951. This Act authorizes the Association to prescribe requirements for admission to schools of nursing, to determine the course of instruction, to hold examinations and to govern the registration of graduates for the practice of nursing in the province. The Association is also charged with the issue, suspension, cancellation and renewal of certificates of registration.
2. The Association is a corporation without share capital, and its affairs are managed by a Board of Directors with elected representatives from all parts of the province. Through membership in the Canadian Nurses' Association and the International Council of Nurses, the Association maintains liaison with and has the responsibility of participating in matters of national and international concern for the continuing improvement of nursing for the peoples of Canada and the fifty-eight member countries throughout the world.
3. The objectives of the Association are:
  - To render service in the interest of the public
  - To advance the educational standards of nursing
  - To maintain the honour and status of the nursing profession.





4. Membership in the Association is voluntary and is currently 68.7% of the registered nurses in the province as shown by:

Registrants	37,850
Members	26,021*

5. The Association owns and maintains a building with a professional and clerical staff employed to carry out its legislative obligations and provide services to its members. It is represented on various committees contributing to the welfare of the community and has sponsored a joint committee of the Ontario Medical Association, the Ontario Public Health Association, the Ontario Hospital Association and the Registered Nurses' Association of Ontario to consider matters of mutual responsibility in providing health care to the people of Ontario.
6. The Association is continually working towards the betterment of nursing service and among the activities undertaken during the last few years it has:
- (1) made an intensive study of nursing education, recommending a basic program which will meet present day needs more effectively; \*\*
  - (2) made representation to the government of Ontario with respect to grants for nursing education and terms of reference for their implementation;
  - (3) initiated a training program for nursing assistants in Ontario, the responsibility for which was subsequently assumed by the provincial Department of Health;

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\* Three forms of membership are available - active, associate and inactive.

\*\* Basic Nursing Programs - RNAO, 1957.





- (4) made a study of professional nursing registries in the province through which the community is provided with private nursing service;
- (5) made a study of personnel policies in nursing and comparable groups on which to base its recommended policies;
- (6) conducted conferences for members towards the improvement of nursing education and service.



BELIEFS OF THE ASSOCIATION WITH REGARD TO HEALTH CARE

7. As a means of insuring the best possible health care for all Canadians, the Association believes that every individual should have the opportunity to obtain the best in the protection and, where necessary, the restoration of health no matter what his economic status and that this care be available through insured services in all health agencies, including hospitals of all types and care in the home. It is, therefore, recommended:

That complete health care be made available to all Canadians regardless of their financial condition.

Care for the mentally ill should be more readily available in home communities to assist with the rehabilitation of the patient. Organized plans for home care should include medical, nursing and related services, such as physiotherapy and homemaker services.

8. It is envisaged that the role of the nurse will continue to evolve with advances in scientific knowledge and enlarging health programs, necessitating increased need for leadership and a greater participation in planning for all health services. To properly fulfill the needs in meeting a health service of the necessary magnitude, nursing must be strengthened through improvements in:

Legislation

Education

Service

Research





## LEGISLATION.

9. A prerequisite in the provision of a high standard of nursing care is suitable legislation to govern the standards of nursing education and practice.
10. The responsibility for education leading to registration as a nurse in Ontario is vested in two Acts\*, in which the Department of Health is given the authority to approve the establishment and maintenance of a school while the RNAO is authorized to prescribe the requirements for admission and course of instruction and to examine and register the graduates. It seems only reasonable to expect that both these responsibilities be placed under one jurisdiction.
11. Nursing is being practised by several categories of so-called nurses. In addition to registered nurses and certified nursing assistants there is a large number of persons with varying degrees of training or experience who are offering their services and being employed by the public to nurse, and for whom there is no form of supervision or control.\*\*

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\* The Nursing Act, 1951

The Nurses Registration Act, 1951

\*\* The number has been estimated at 30,000





12. On the principle that a profession has the right to determine its standards of education and practice and in order to protect the public whom it serves, it is recommended:

- (1) That provision be made to require licensing for all who practise nursing for a fee or other remuneration.
- (2) That the nursing profession be given statutory responsibility for the development and implementation of regulations governing the education and practice of nursing.

Provision for vesting such legislation in one body is under discussion with the Minister of Health.



## EDUCATION.

13. The nurse aids in the promotion and restoration of health through a variety of functions ranging from skills varying in complexity from routine nursing techniques to the judgment necessary to plan, delegate, organize and administer nursing services. In the interest of providing a high standard of care with economy in human resources the Association sees the need for two categories of nurses - namely:
- the nurse prepared within the University\*
  - the nurse prepared in a diploma school.
14. We believe the role of the nurse prepared in the University to be one which assesses the nursing needs of groups and individuals, develops a plan to meet these needs, participates in the total plan of care with other members of the health team through giving highly skilled care and directing and evaluating care given by the nurse prepared in a diploma school. Her responsibilities include interpretation of nursing needs, teaching health care and planning with other groups in community health programs. With additional preparation and experience, she may become an administrator, teacher or clinical specialist in nursing.
15. We see the role of the nurse prepared in the diploma school to be one which contributes to the nursing needs of patients under the direction of a professional nurse in giving nursing care, in observing and reporting and in carrying out technical skills requiring judgment commensurate with her preparation.

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\* An integrated program leading to a degree.





16. The two legally acknowledged groups presently providing nursing care are:
- (1) The registered nurse, who is
    - (a) the graduate of the university school
    - (b) the graduate of the hospital school
  - (2) The certified nursing assistant.
17. The nursing assistant was originally sponsored in an attempt to meet the greatly increased demands for nursing services during the last 15-20 years. The number has grown rapidly. Experience in their training and use has shown considerable overlapping of function in the clinical field between the registered nurse and the nursing assistant.
18. To meet future demands in nursing the Association believes it will be necessary:
- (a) to greatly increase the number of nurses in university schools.
  - (b) to bring together those nurses now being prepared in hospital schools and the training centres for certified nursing assistants.
19. At present, there are 62 approved schools of nursing\* in Ontario of which:
- Three are university schools
  - Fifty-eight are hospital schools
  - One is an "independent" school.\*\*

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\* Approved under The Nursing Act, 1951

\*\* Based on the principle of the Metropolitan School of Nursing, 1948-52.





20. In 1961, 95% of the students were enrolled in the 58 hospital schools of which approximately 50% were in 17 of these schools. Lack of qualified staff and inadequate facilities for teaching and clinical practice hamper a number of these programs. In all but 8 of the hospitals the director of the school is also responsible for the nursing department of the hospital. Expenditures on behalf of the educational programs are varied. All hospital schools provide maintenance for the student but a study of hospital budgets shows a wide range in this regard. Costs for text books and uniforms vary from the total cost being borne by the hospital, to the student bearing this cost. Fees are paid by the student in some schools but it is only in the university that these are realistic.
21. We wish to acknowledge the great contribution which the hospital has made to the education of nurses and especially those hospitals which have made a good deal of progress in improving their educational programs. At the same time it must be recognized that there is dependence on students to augment the nursing service of the hospital, and that there is no direct grant for educational purposes, the financial support of the school being through the per diem rate for patient care. The unfortunate omission in hospital schools of the essential characteristic of the first organized school\* which was established as an independent institution, self-supporting and not subject to the service needs of the hospital, has prevented the student of nursing from obtaining an education as afforded to

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\* Nightingale School, St. Thomas' Hospital, London  
Established in 1860 under an Endowment.



other professions. The great changes that have occurred in the practice of nursing and the responsibilities facing nurses today require a return to this principle if nurses are to meet the demands.

22. We believe the hospital has a large continuing role to play in providing clinical facilities for the student nurse, but that her education should come within the framework of general education and receive similar financial support. To provide adequate education for the two groups of nurses, it is recommended:

- (1) That the preparation of the professional nurse be the responsibility of the universities.
- (2) (a) That the preparation of the nurse in a diploma school be conducted within a general system of education.
- (b) That study be undertaken to determine the most suitable way this may be accomplished.

23. An accurate assessment of the number of professional nurses which will be required has not been made but, if all positions beyond that of a staff nurse were presently filled with graduates of degree courses, this number would approximate 4,950. This is 20 % of the nurses now working in the province.\* In addition, the staff nurses requiring university education will vary in number from one type of service to another but it is possible that an over-all ratio of one professional to four non-professional nurses might be the eventual goal.

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\* 65% of registrants.

Appendix No. XIII, registered nurses in Ontario.





24. At present, six universities in Ontario have schools of nursing of which three offer the basic nursing course leading to a degree. With the facilities now available these three schools will be able to accommodate 275 students in the basic course in 1962 or 3.6% of those enrolled in all schools of nursing. In order to gradually increase this number, it is suggested:

- (a) That facilities in the universities presently offering the basic course be increased to accommodate at least an additional 1% of the total number of students per annum\*; and
- (b) That early consideration be given by the other three universities to establishing this course to admit a total of at least 2% in the first year and an additional 1% per annum until the desirable number is reached.

25. The basic degree course qualifies the nurse for both the hospital and the public health field hence the need for the certificate or diploma courses now offered by university schools to graduate nurses will gradually decrease making possible an increasing enrolment in the basic course.

26. To enable nurses to meet increasing responsibilities in education, administration and research, a number of courses in graduate studies in nursing should be available in Canadian universities and it is recommended:

That additional courses be established in Ontario leading to the Master's and Doctor's degree.

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\* 80-90 students in 1963.

Appendix No. IV. Enrolment in schools of nursing.





27. It is recognized that the preparation of sufficient numbers of nurses through the foregoing proposals will be a gradual one. However, immediate steps can be taken to improve the hospital schools through implementing the recommendations which the Association has set forth as follows:\*

A school of nursing should -

- (a) have its own governing body
- (b) have an advisory committee
- (c) operate on a separate budget
- (d) have a well-prepared teaching staff in sufficient numbers
- (e) have control of the students' education both in classroom and clinical field
- (f) have the essential physical facilities
- (g) demonstrate clearly-defined objectives.

When these recommendations are implemented it is considered that the cost of maintenance for students should not be a charge to the school or be met by public funds.\*\*

28. Training programs for certified nursing assistants will need to be maintained until sufficient numbers of graduates from the new diploma courses are available.

29. To assist in providing a sufficient number of nurses to meet the increasing needs of society, bursary assistance should be available for all who are otherwise unable to finance this education in both universities and other educational institutions and it is recommended:

- That bursaries be made available in sufficient amounts to remove financial impediment for suitable candidates in -
- (a) basic nursing courses
  - (b) postgraduate studies in university.

\* Appendix No. X. Basic Nursing Programs RNAO 1957.

\*\* Appendix No. XI. Maintenance Costs.



## SERVICE.

30. It is the concern of nurses that both quantity and quality of nursing should be provided for all who need it. The future will demand more from nursing as well as all other health services. These demands can only be met through a broad understanding of the needs and the co-ordinated planning of all concerned. Nursing has a vital role in any plan for the health of the community and it is the responsibility of nurses to determine how the nursing needs are to be met. It is therefore recommended:

That in the process of planning for health care there be representation from the public and from the medical, nursing and other professions contributing to health.

31. Ontario has the highest ratio of registered nurses to population in Canada but we still hear much of the shortage of nurses and there are reported vacancies in all fields of nursing today.\* Can this ratio be increased?

It is estimated that approximately 65% of those currently registered in Ontario are working. Many married women have returned to nursing on a full or part-time basis but it is possible that a greater supply may be had from this source.

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\* Appendix No. XII. Registered Nurses in Ontario.





The number of students entering schools of nursing represents an increase in the last ten years but does not represent an increase in the percentage of the population in the 17 to 19-year old high school graduates who might elect nursing as a vocation. This has remained substantially the same whereas the number of students entering the teachers' colleges has risen rapidly.\*

There is evident need for many male nurses but the number registered in the province remains very small.

32. A concerted effort in recruitment, improved methods of education and equitable returns for service could have a considerable influence towards bringing into and keeping more individuals in nursing service.
33. Much has been required of the nurse. She is often fulfilling needs which are other than nursing and the nature of this work points to poor utilization of her services.
34. A study recently carried out in 27 hospitals in Ontario involving 31 nursing units shows the average number of hours of nursing care available for each patient during the day (8 hours) to be 2.3. The average number of hours actually given is 1.7, the difference between the time available and that given being spent on activities which are not nursing.\*\*

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\* Appendix No. VII. Intake to schools of nursing and teachers' colleges.

\*\* Ontario Hospital Services Commission.



35. It is the opinion of many nurses that shortages in nursing are not what they appear to be and that this can be demonstrated through better use of nursing skills. In order to determine how nursing needs can be most effectively met, it is recommended:

That a study of the utilization of nurses be undertaken by the Royal Commission on Health Services.

36. We believe that good nursing care is based on:

- (a) assessing the individual's nursing needs
- (b) planning to meet these needs
- (c) fulfilling this plan through giving skilled care
- (d) evaluating the results of the care.

To attain this objective, there must be

- (a) skilled administration
- (b) skilled practitioners in nursing.

37. University schools are providing 1-year certificate or diploma courses to graduate nurses to prepare them for administrative and supervisory positions.\* For the future we believe that all nurses in administrative positions should have, in addition to the basic university degree, graduate study in administration as well as experience.

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\* Appendix No. VIII. Enrolment in six University schools of nursing.





38. Nursing administration, no matter how skilled, will be affected by the general administration of the agency and it is only in an environment where joint planning is encouraged and high standards maintained that nursing will be able to truly fulfill its role.
39. The responsibility of every agency is the ultimate improvement of the quality of service through increased competence of the staff. Skilled nursing will be given where the services of nurses are fully utilized in nursing, where leadership and the opportunity for personal development of the staff are available. To this end, it is recommended:
- (a) That, pending a study of utilization of nurses, health agencies review present policies with a view to improving utilization locally.
  - (b) That specialization in clinical nursing be encouraged at the graduate level.
  - (c) That inservice educational programs be a requisite for staff in all health agencies.



## RESEARCH.

40. Every profession concerned with improving the services it offers to the public must constantly increase its body of knowledge through research. A few studies have been made in administration and education. Much more needs to be done if there is to be effective action for the future.
41. Lack of resources in both funds and personnel have limited research in the practice of nursing. Very little has been accomplished in relation to the nursing care of patients. A recent study in the nursing of patients with cardiac disease\* enforces the need for further investigation in clinical nursing. To do this there is an urgent need for trained researchers in nursing and it is recommended:
- That training programs and financial resources be made available for this purpose.

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\* The experiences of eight cardiac patients during a period of hospitalization in a general hospital.





## THE ECONOMIC SECURITY OF NURSES

42. The Association believes that remuneration for all health workers should reflect the value of their services to society.
43. The economic position of nurses has lagged in relation to other groups in Canada in the last twenty years.\*
44. It has been borne out by those students who elect nursing as a career that the chief motive is one of service. We have seen, however, that while other professions, notably that of teaching, have made substantial gains in recruitment, schools of nursing have drawn approximately the same percent of high school graduates during the last five years.
45. While personnel policies have greatly improved in terms of hours of work, the low economic returns are having a direct bearing on the recruitment into and the keeping of nurses in nursing. In order to remedy this situation, it is recommended:
- That the salary of the nurse reflect more equitably her preparation and the responsibility she is expected to assume.
46. While higher salaries have been given for positions in administration, that of the general practitioner of nursing has stayed within a narrow range deterring the nurse with special preparation from remaining in the area of direct patient care. To induce a greater proportion of nurses with advanced qualifications and experience to continue in this role, it is recommended:
- That the salary for general practitioners in nursing be expanded to provide sufficient remuneration for nurses with specialist qualifications in the area of direct care to patients.

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\* Appendix No. XVI



## APPENDIX NO. I

## SERVICES PROVIDED FOR MEMBERS BY RNAO.

Registration

Annual registration for nurses without which no person may practise as a registered nurse in Ontario.

Education

Guidance is given in the preparation of programs for nursing education.

Conferences and Workshops

Conferences are held for nurses in education and nursing service. These conferences have been increasing in number yearly.

Personnel Security Program

Following decision of the membership to adopt a program of voluntary negotiation with employers as opposed to collective bargaining, the Association has employed a full-time member to give assistance to individuals and groups of nurses and to confer with employers, where requested, regarding employment policies.

Group Disability Insurance

This plan, protecting the earning power of nurses, has been sponsored by the Association since 1948.

Legal Advice

Legal advice is available to members, without charge, on questions arising out of the practice of nursing.

Permanent Education Fund

Financial assistance has been available for postgraduate education since 1937. Loans are repayable interest-free over a 3-year period following completion of the course. The present assets of the fund are \$60,000.00.





News Bulletin

Members are kept abreast of developments in the Association and nursing in general through a bi-monthly publication.

Bursary Assistance, Students

The Association awards bursaries for basic nursing education to students entering diploma and degree courses. Twenty students received bursaries in 1961.



## APPENDIX NO. II

## STANDING COMMITTEES OF THE ASSOCIATION.

Committee on Nursing Education  
 Committee on Nursing Service  
 Committee on Legislation and By-Laws  
 Committee on Finance  
 Committee on Registration  
 Committee on Public Relations

## SPECIAL COMMITTEES.

Nominating Committee  
 Advisory Committee on Conferences  
 Male Nurses' Committee  
 Committee on Socio-Economic Welfare

## SUB-COMMITTEES.

Curriculum  
 Recruitment  
 Emergency Health Services  
 Refresher Courses for Nurses  
 Personnel Policies

## JOINT COMMITTEE.

Ontario Medical Association, Ontario Public  
 Health Association, Ontario Hospital  
 Association, Registered Nurses' Association  
 of Ontario.





## APPENDIX NO. III

ORGANIZATIONS WITH REPRESENTATION FROM THE REGISTERED NURSES'  
ASSOCIATION OF ONTARIO ON THE BOARD OF DIRECTORS OR SPECIAL  
COMMITTEES.

The Canadian Red Cross Society (Ontario Division)

The Canadian Cancer Society (Ontario Division)

The Council of Nursing (Ontario Department of Health)

The Health League of Canada (Ontario Division)

The Victorian Order of Nurses

The Association of Certified Nursing Assistants of Ontario

The Beal Technical High School (Course for Nursing  
Assistants)

The Ontario Consultative Committee for Commercial Education

The Ontario Society on Ageing



APPENDIX NO. IV

TABLE I  
ENROLMENT IN SCHOOLS OF NURSING  
ONTARIO 1952-1961

YEAR	TOTAL ENROLMENT
1952	5,385
1953	5,660
1954	5,802
1955	5,994
1956	6,079
1957	6,194
1958	6,240
1959	6,567
1960	7,221
1961	7,575
1962	7,997
1963	8,456

Source: Nursing Branch, Ontario Department of Health.

TABLE II  
ESTIMATED FUTURE ENROLMENT IN SCHOOLS OF NURSING  
ONTARIO 1962-1968

Year	Estimated Student Nurse Enrolment Based on Female Population 17-19 Years of Age	
	Based on Fixed % of Females in Schools of Nursing	Based on Increas- ing % of Females in Schools of Nursing
1962	7,642	8,474
1963	8,129	9,180
1964	8,601	*7,997
1965	9,178	*8,456
1966	9,633	11,435
1967	10,088	12,164
1968	10,508	12,866

Source: Future Enrolment in Schools of Nursing in Ontario  
Dr. A.H. Sellers and Miss J.G. Sloman.

\* Student enrolment for 1962 and 1963 fell half-way between the estimated student enrolment based on fixed percentage of females in Schools of Nursing, and on increasing percentage of females in Schools of Nursing.



1-49	50-74	75-99	100-149	150-199	200-249	250-299	300 and over
Cornwall, 48 General Hamilton, 44 McMaster Un. Orillia, 49 Solds. Mem. 49 Ottawa, 48 St.Lou. de M. 48 Port Arthur, 47 General Renfrew, 26 Victoria Sault Ste. M., 38 General Timmins, 31 St.Mary's Willowdale, 48 N.Yk.Branson	Brockville, 53 Ont. Hosp. Chatham, 67 General Chatham, 66 St. Jos's. Cornwall, 61 Hot. Dieu Galt, 62 S.W'loo Mem. Owen Sound, 70 Gen.& Marine Pembroke, 61 Lorrain Gen. Sault Ste. M., 65 Plummer Mem. Whitby, 55 Ont. Hosp. Woodstock, 53 General	Barrie, 89 Roy. Vict. Brockville, 94 General Fort William, 78 McKellar Gen. Guelph, 86 General Guelph, 91 St.Joseph's Kingston, 81 Ont. Hosp. Kitchener, 99 St.Mary's Niagara Falls, 93 General North Bay, 97 St.Jos's. Peterborough, 94 St.Jos's. Port Arthur, 85 St.Jos's. Sarnia, 95 General Stratford, 78 General Toronto Nightingale 81 Windsor, Met. General 79 (15)	Belleville, 130 General Kingston, 146 Hotel Dieu Kitchener, 116 K.-Waterloo Oshawa, 105 General Peterborough, 109 Civic St. Thomas, 123 St.Thom.- E. Gen. Sudbury, 116 General Sudbury, 101 St.Jos's. Windsor, 122 Salv. Army Grace	Brantford, 150 General Kingston, 187 General London, 197 St. Joseph's Ottawa, 164 Univ. of Ott. St.Catharines, 165 General Toronto, 172 East General Toronto, 169 Hosp. for Sick Child. Toronto, 155 Univ. of Tor. Toronto, 159 Wellesley Gen. Toronto, 162 Women's Coll. Windsor, 171 Hotel Dieu	Toronto, 229 Western	Hamilton, 293 General Hamilton, 278 St. Joseph's London, 267 Victoria Toronto General Toronto, 271 St. Joseph's 263	Ottawa, 434 Civic Toronto, St.Mich's. 309
(9)	(10)	(15)	(9)	(11)	(1)	(5)	(2)
Total 379	613	1,320	1,068	1,851	229	1,372	743
Percent. of total no. of students (7,575)	8.1%	17.4%	14.1%	24.4%	3%	18.1%	9.8%

SOURCE: Nursing Branch, Ontario Department of Health.





## APPENDIX NO. VI

EDUCATIONAL STANDARD OF STUDENTS  
 ADMITTED TO 53 SCHOOLS OF NURSING\*  
 ONTARIO 1961

Grade	No. of Students	%
XIII 9 or more papers	412	16.4
8 papers	194	7.7
6-7 papers	129	5.1
1-5 papers	335	13.3
XII **	1,449	57.5
Total	2,519	100.00

Source: Registered Nurses' Association of Ontario.

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\* University schools not included.

\*\* Minimum requirement for admission to schools of nursing in Ontario.



APPENDIX NO. VII

INTAKE TO SCHOOLS OF NURSING AND TEACHERS' COLLEGE

ONTARIO - 1950 TO 1959

YEAR	INTAKE TO SCHOOLS OF NURSING	INTAKE TO TEACHERS' COLLEGE		
		TOTAL	MEN	WOMEN
1950	2,151	1,703	440	1,263
1951	2,081	1,628	356	1,272
1952	2,065	1,873	453	1,420
1953	2,229	1,732	338	1,394
1954	2,191	2,692	592	2,100
1955	2,168	3,139	670	2,469
1956	2,377	3,442	757	2,685
1957	2,292	3,647	723	2,924
1958	2,300	4,688	1,186	3,502
1959	2,555	5,951	1,615	4,336

Source: Ontario Department of Education, and Nursing Branch,  
Ontario Department of Health.

1960	2,700	6,730	1,910	4,820
1961	2,988	6,058	1,707	4,351
1962	3,138	5,514	1,599	3,915
1963	3,052	6,410	1,851	4,559

Date		Description		Amount
1900	Jan 1	Balance		100.00
	Jan 15	Received from A		50.00
	Feb 1	Received from B		25.00
	Feb 15	Received from C		75.00
	Mar 1	Received from D		100.00
	Mar 15	Received from E		50.00
	Apr 1	Received from F		25.00
	Apr 15	Received from G		75.00
	May 1	Received from H		100.00
	May 15	Received from I		50.00
	Jun 1	Received from J		25.00
	Jun 15	Received from K		75.00
	Jul 1	Received from L		100.00
	Jul 15	Received from M		50.00
	Aug 1	Received from N		25.00
	Aug 15	Received from O		75.00
	Sep 1	Received from P		100.00
	Sep 15	Received from Q		50.00
	Oct 1	Received from R		25.00
	Oct 15	Received from S		75.00
	Nov 1	Received from T		100.00
	Nov 15	Received from U		50.00
	Dec 1	Received from V		25.00
	Dec 15	Received from W		75.00
	Total			2000.00

Prepared by: [Name] Date: [Date]



ENROLMENT IN SIX UNIVERSITY SCHOOLS OF NURSING  
IN ONTARIO 1952-1961

Course	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961
Degree Courses										
B.Sc.N. (Basic Un.)	95	97	122	148	171	167	173	208	205	211
B.Sc.N. (other) *	62	90	71	74	102	81	94	132	147	152
M.Sc.N.								2	8	12
Certificate or Diploma Courses										
Public Health (general)	107	144	123	144	170	179	193	166	173	204
Public Health(advanced)	12	12	6	13	14	7	22	15	14	16
Nursing Education	56	60	63	92	84	97	78	93	116	131
Nursing Service	76	73	56	50	38	45	73	46	78	103
Total Enrolment	408	476	441	521	579	576	633	662	741	829

\* Includes 3 years in a hospital school.



## APPENDIX NO. IX

QUALIFICATIONS OF TEACHING STAFF  
SCHOOLS OF NURSING  
IN  
ONTARIO, 1961\*

EDUCATION	NO. OF TEACHERS	% OF TOTAL
M.Sc.N. Ph.D. M.P.H. M.A.	20	2.60
B.Sc.N. B.Sc.P.H. B.A.	157	20.41
University Certificate	414	53.83
Clinical Course (3-6 months)	63	8.19
Basic nursing diploma	115	14.95
TOTAL	769	99.98

Source: Nursing Branch, Ontario Department of Health.

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\* Approved Under The Nursing Act, 1951 and including:

3 University Schools  
1 Independent School  
58 Hospital Schools



APPENDIX NO. X - BASIC NURSING PROGRAMS

NOT AVAILABLE - OUT OF PRINT





## APPENDIX NO. XI

## MAINTENANCE COSTS

Estimates of the cost of nursing education in hospital schools include maintenance of the student.\*

Assuming the cost of maintenance to be \$18.00 weekly\*\* the expenditure for approximately 7,000 students enrolled in hospital schools in 1962 would amount to:

7,000 x 48 weeks x \$18.00 or a total of \$6,048,000.

In the event that nursing education is placed under the jurisdiction of institutions whose primary function is education, it is reasonable to assume that present expenditures on behalf of maintenance would be available for:

- (a) The educational program
- (b) Bursaries

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\* Report of the Experiment in Nursing Education,  
Atkinson School of Nursing, Toronto Western Hospital 1950-1955.

\*\* Residence rates for university students are \$18.00-\$19.50 per week.



## APPENDIX NO. XII

## CERTIFIED NURSING ASSISTANT PROGRAMS, ONTARIO.

With the acceleration of health services, the advances in diagnosis and treatment, the transfer of many procedures from the medical practitioner to the nurse and in the belief that a trained auxiliary worker could perform many of the tasks which nurses were carrying out, the Association initiated and subsidized a course of training for nursing assistants from 1941-1945.

The responsibility for continuing this course was accepted by the provincial Department of Health in 1946 and is supervised by the Nursing Branch. The Department also passed regulations granting certification to the graduates.

A tremendous expansion of the program has taken place since 1954 as shown by the number of schools and graduates.

<u>Year</u>	<u>No. of Schools</u>	<u>No. Graduating</u>
1942	1	24
1943	1	27
1944	1	29
1945	1	26 (1)
1946	5	0
1947	5	197
1948	5	177
1949	4	118
1950	4	228
1951	5	203
1952	6	169
1953	6	222
1954	14	367
1955	16	531
1956	16	481
1957	14	457
1958	15	473
1959	17	578
1960	21	833
1961	31	857 (2)
1962	32	847

(1) Source - RNAO.

(2) Source - Nursing Branch, Ontario Department of Health.





## APPENDIX NO. XIII

## REGISTERED NURSES IN ONTARIO

1952 TO 1961

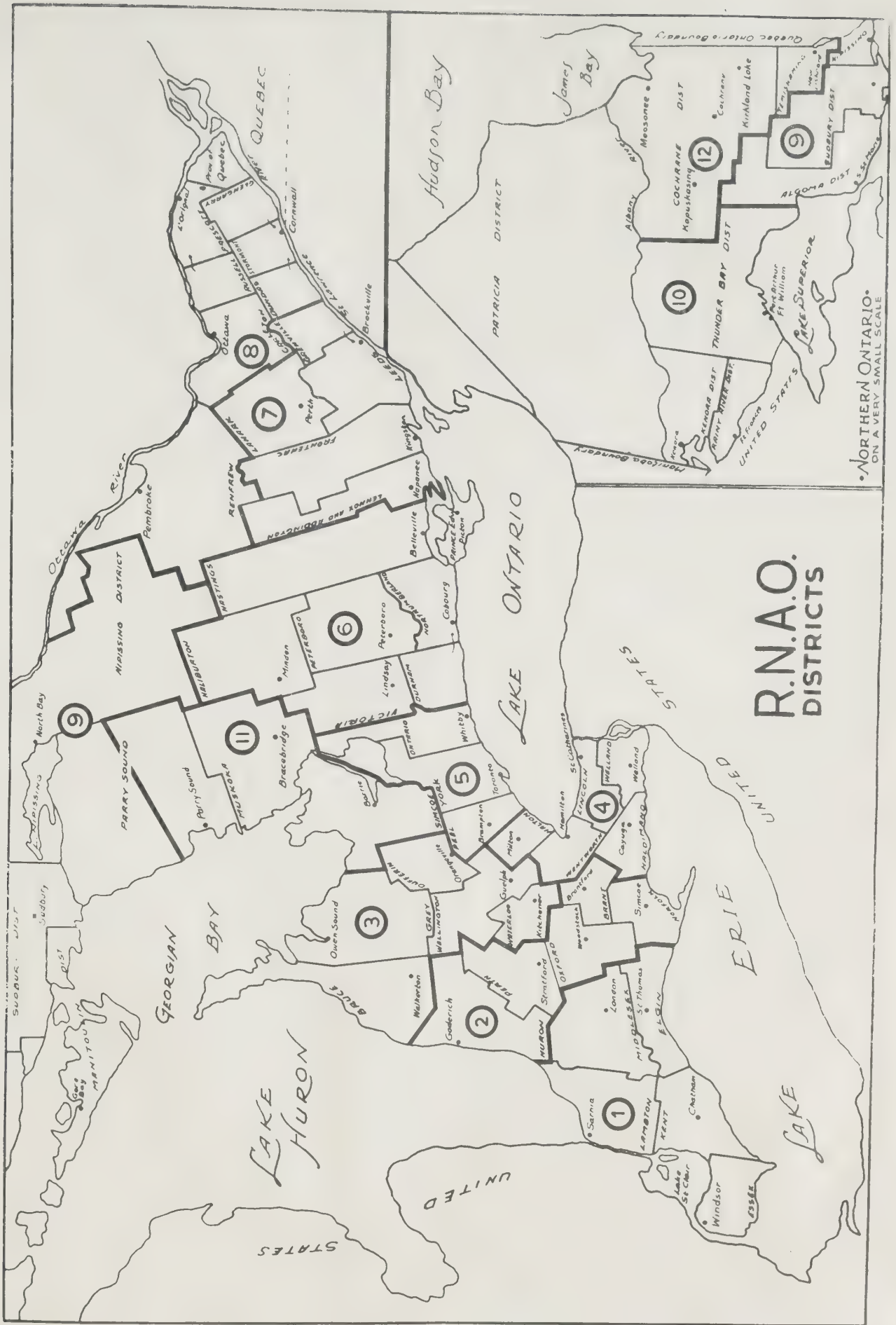
YEAR	Number of Registered Nurses*	Population Per Registered Nurse
1952	21,174	226
1953	23,576	210
1954	24,799	206
1955	26,315	200
1956	28,354	191
1957	29,496	191
1958	30,408	191
1959	33,409	178
1960	34,819	173
1961	37,850	165
1962	41,036	155
1963	43,991	147

Source: Registered Nurses' Association of Ontario.

\* Includes non-residents of Ontario, about 12 per cent.

Note: Special studies suggest that about 65 per cent of the number of resident registered nurses are actively engaged in nursing in Ontario (full or part-time).







## APPENDIX NO. XIV

## RATIO OF REGISTERED NURSES TO POPULATION

BY

DISTRICTS IN ONTARIO 1961

DISTRICT	POPULATION*	NO. OF NURSES**	POPULATION PER REG. NURSE
1	714,215	4,260	167
2	303,973	1,453	209
3	379,670	1,760	216
4	772,462	3,543	218
5	1,913,965	9,289	206
6	296,490	1,443	205
7	204,624	1,417	144
8	563,049	2,703	208
9	316,306	1,259	251
10	176,757	896	197
11	167,947	872	192
12	119,928	463	259
TOTAL	5,969,386	29,558	203

\* Source: Ontario Department of Municipal Affairs 1962

\*\* Associate and inactive members (8,492) not included.





## APPENDIX NO. XV

NURSES EMPLOYED IN ADMINISTRATIVE  
AND  
SUPERVISORY POSITIONS IN ONTARIO, 1961

AGENCY	HEAD NURSE OR NURSE IN CHARGE	DIRECTORS OF NURSING AND SUPERVISORS	TOTAL
Hospitals			
Public General	1,672	1,771	3,443
Public Convalescent and Chronic	128	54	182
Private	63	61	124
Federal	85	40	125
Ontario		283*	283
Sanatoria	33	24	57
Division of Public Health	35	115	150
Division of Indust- rial Hygiene	420**	16	436
Victorian Order of Nurses	50	30	80
Other***	3	67	70
TOTAL	2,489	2,446	4,950

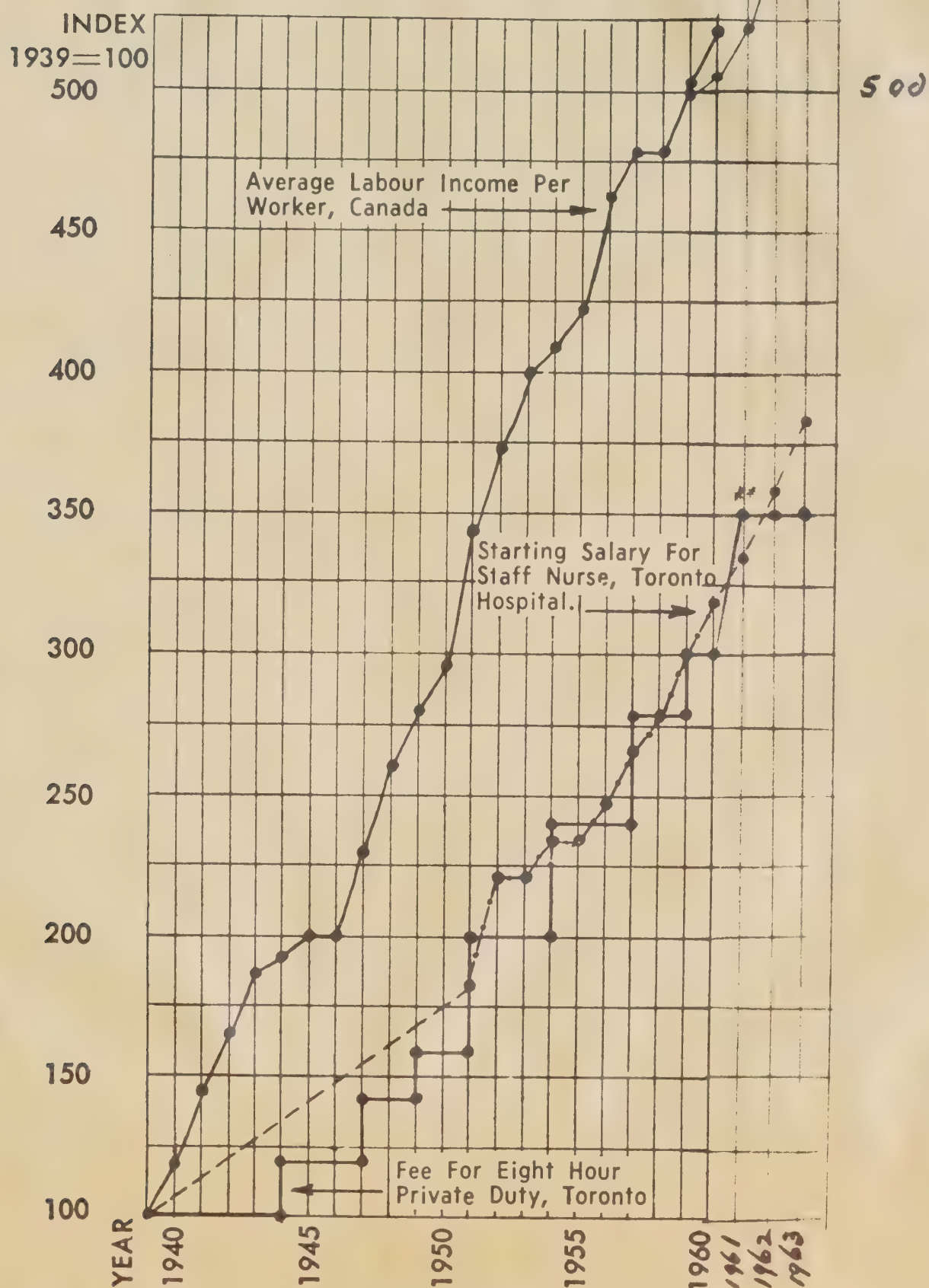
\* Includes Head Nurses

\*\* Includes Industries where one nurse is employed.

\*\*\* Includes Consultants, agencies, e.g. Crippled Children.



# Relationship Between Nursing Salaries and Income of General Labour Force (1939-1960)



The above material was prepared for the RNAO Committee on Personnel Policies by Sheila Eastman, Ph.D.

\* For twelve months ending September 1963.

\*\* Increase in fee occurred in August of 1961.

A revision of national income statistics changes average labour income per worker from the figures used in the Chart (1959 - 506; 1960 - 520) to the figures given in the above Table.





## APPENDIX NO. XVII

## MEMBERS, COMMITTEE TO PREPARE THE BRIEF

Mrs. M. Blanche Duncanson, chairman

Miss Eileen Cryderman

Miss Edith R. Dick

Miss Nettie D. Fidler

Miss Jean I. Masten

Miss Helen G. McArthur

Sister Madeleine de Jesus

Miss Gladys J. Sharpe

Miss Marjorie G. Russell, secretary









